

2000 UNIFORM BUSINESS REPORT (UBR)

4.

DOCUMENT # 728662

1. Entity Name

THE LAURENTIANS OF NAPLES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

04-21-2000 90118 042 ****61.25

Principal Place of Business 1285 GULF SHORE BLVD NO. NAPLES FL 34102	Mailing Address 1285 GULF SHORE BLVD NO. NAPLES FL 34102-4911
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1606462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOHL, PAUL R.
1285 GULF SHORE BLVD N
APT 7B
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name: THOMAS F. RYAN, PRES.
 Street Address (P.O. Box Number is Not Acceptable): 1285 GULF SHORE BLVD N
 UNIT 8A
 City: NAPLES FL Zip Code: 34102

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Thomas F. Ryan* (NOTE: Registered Agent signature required when reinstating) DATE: 05/24/00

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: D NAME: THIELE, STANLEY STREET ADDRESS: 1285 GULF SHORE BLVD, N CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete
TITLE: DVP NAME: DOHL, PAUL R. STREET ADDRESS: 1285 GULF SHORE BLVD N CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE: DT NAME: GRANT, GERALD JR. STREET ADDRESS: 1285 GULF SHORE BLVD, N CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete
TITLE: DP NAME: KERRIGAN, JAMES J STREET ADDRESS: 1285 GULF SHORE BLVD, N CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: PUTZELL, EDWIN J STREET ADDRESS: 1285 GULF SHORE BLVD N CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete
TITLE: D NAME: ABERCAMBRE, RAHELS STREET ADDRESS: 1285 GULF SHORE BLVD N CITY-ST-ZIP: NAPLES FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: THOMAS F. RYAN STREET ADDRESS: 1285 GULF SHORE BLVD N. CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: JOHN B. BEAN STREET ADDRESS: 1285 GULF SHORE BLVD N CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: R. G. PASTRYK STREET ADDRESS: 1285 GULF SHORE BLVD N CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gerald Grant Jr* DATE: 4/14/00 DAYTIME PHONE #: 941-261-3616

CR2E037 (9/99)